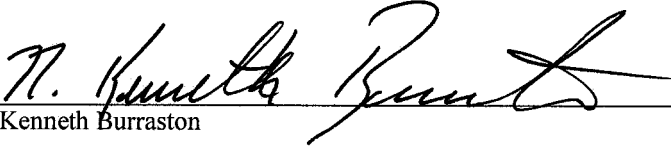


CERTIFICATE OF TRANSMISSION/MAILING

Ref. No.: 12439-0189

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 12, 2006.

Erin Cowles

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005	Docket Number (Optional) P116D1-US																								
Application Number: 10/651,821	Filed: August 29, 2003																								
For: Methods of Fabricating and Using Shaped Springs																									
Art Unit: 3729	Examiner: Rick K. Chang																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate for below):</p> <table style="width: 100%; margin-top: 10px;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th colspan="2" style="text-align: center;"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$120</td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check that includes the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <div style="margin-left: 40px;"><input type="checkbox"/> applicant/inventor</div> <div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</div> <div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,923</u></div> <div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>39,923</u></div>			<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 45%; text-align: center;"> _____ N. Kenneth Burraston</div><div style="width: 45%; text-align: center;"><div style="margin-bottom: 10px;"><u>June 12, 2006</u> Date</div><div><u>(801) 323-5934</u> Telephone Number</div></div></div>																									
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																									